

Foster Family Home - Corrective Action Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

Review ID: 1-150042-5

91-1058 Apuu Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 6/6/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 6/6/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/6/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1-2 CG#3 APS/CAN expired 9/27/2018, no proof of anything done since. CG#4 APS/CAN is lapse, it was due on 8/17/2018, then completed 6/5/19

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

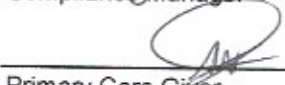
Comment:

41.b.7 CG# 1 has a lapse in TB clearance, it was due 6/8/2018 and next clearance was completed 5/29/2019. CG#4 has no TB clearance for 2017 or 2018, it was done 5/29/2019.

41.b.8 CG#4 has lapse in CPR/ First Aide, it expired 10/10/2017, then completed 8/1/2018. CG#1 and 4, have lapse in BBP, it expired 5/4/2018 then completed 8/1/2018, for both caregivers.

GG#3 no proof of in-service for 2017 and 2018.


Compliance Manager


Primary Care Giver

6/6/2019
Date

6/6/2019
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Leilanie Tanaka

CCFFH Address: 91-1058 Apuu St. Ewa Beach, Hi 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a) (1-2)	Lapse cannot be corrected	6/6/2019	Home understands the background check requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses.
41. (b) (7)	Lapse in TB Clearance cannot be corrected	6/6/2019	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due. Negative TB Test was completed. 5/29/2019 for both CG#1 and #4.
41. (b) (8)	Lapse in CPR/First Aide cannot be corrected for CG#4. Lapse in BBP for CG#1 and #4 cannot be corrected. Lapse in proof of in service for 2017 and 2018 cannot be corrected	6/6/2019	Home understands the importance of CPR, First Aide, and BBP Certifications. Home also understands the importance of In-Services to be done for all caregivers every year. Home will be reminded to renew the requirements every year by putting a note on the calendar on iPhone to avoid and forgetting before it expires and be compliant each year to avoid any lapses.

Primary Caregiver's Signature: _____

Print Name: LEILANIE TANAKA

Date of Signature: 6/10/2019